

EXHIBIT 2

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION**

**IN RE: C.R. BARD, INC., PELVIC REPAIR
SYSTEM PRODUCTS LIABILITY LITIGATION**

MDL NO. 2187

THIS DOCUMENT RELATES TO

ROSAIDA ALONSO
Plaintiff,

v.

Case No. 2:14-CV-07112

C.R. BARD, INC.,
Defendant.

RULE 26 EXPERT REPORT OF DANIEL S. ELLIOTT, M.D.
FOR ROSAIDA ALONSO

I am providing my expert opinion regarding the Plaintiff, Rosaida Alonso. The following represent my opinions, all held to a reasonable degree of medical probability and certainty. These opinions are based upon my background, training and experience as well as the totality of available data from all sources, which I have reviewed. I have served my General Causation Expert report in MDL 2187 concerning Avaulta Plus and Avaulta Solo products. I rely upon my General Causation Expert report and incorporate that document by reference. I also rely upon the opinions of Bruce Rosenzweig, M.D., and Jerry Blavis, M.D., as set out in their General Causation Expert Reports also filed in this MDL. In so relying on Drs. Rosenzweig and Blavis, I have independently verified their opinions set out in their reports and conducted my own to verify their opinions. I reserve the right to supplement this report if new or supplemental information is provided at any point, and as I review other related documents.

I. QUALIFICATIONS

I am an Associate Professor of Urology, section of Female Urology and Reconstructive Surgery, at Mayo Clinic Graduate School of Medicine in Rochester, Minnesota. My current curriculum vitae, attached hereto as Exhibit "A", more fully and accurately reflects my training, background, academic activity and publications. However, briefly, I received an M.D. in 1993 from Loma Linda University School of Medicine in Loma Linda, California. Following graduation from medical school, I completed one year of General Surgery and five years of Surgical Urology residency at the Mayo Graduate School of Medicine at the Mayo Clinic in 1999. I then completed a one-year advanced surgical fellowship at Baylor College of Medicine in Houston, Texas, in Neurourology, Urodynamics and Voiding Dysfunction. I then re-joined the faculty at the Mayo Clinic, where I have spent the last fourteen years specializing in treating pelvic organ prolapse and urinary incontinence in women and urinary incontinence in men. I

have published nearly 60 peer-reviewed articles and given over a 100 lectures nationally and internationally pertaining to urinary incontinence and pelvic organ prolapse. I have specifically authored two published scientific manuscripts dealing with polypropylene meshes in the animal model. A Mayo Clinic colleague and I were the first to perform robotic sacrocolpopexy surgery for the treatment of high-grade prolapse and to publish extensively on the subject and the first to perform and publish on the outpatient, non-mesh transobturator sling.

During my training, I was introduced to the use of synthetic midurethral slings for incontinence repair. I have used the Mentor OB/Tape products as well as mesh slings made by AMS and Coloplast. As of almost a year ago, I decided to no longer use meshes in my practice through the transvaginal route unless there is absolutely no other alternative. The reason that I made this decision is that my practice has become increasingly dedicated to treating a whole host of life-altering complications associated with the use of both SUI and POP meshes, including meshes made by Bard. Neither I, nor my colleagues at Mayo, have ever used transvaginal POP kits as we felt that the risk to patients was too great. Having treated hundreds of patients with mesh-related complications (both SUI and POP), I feel that we made the right decision not to include them as part of our treatment regimen. I only use mesh for POP repair through robotic sacrocolpopexy as it is not a transvaginal surgery, uses much less mesh, and is associated with significantly less complications than transvaginal mesh prolapse repair.

I am a frequent invited national and international lecturer at medical and surgical conferences addressing stress urinary incontinence and pelvic organ prolapse, their evaluation, treatment, surgical options and management of complications. I have taken and passed the subspecialty credentialing process recently established by the combined boards of the American Board of Urology and American Board of Obstetrics and Gynecology in Female Pelvic Medicine and Reconstructive Surgery.

I am attaching my Curriculum Vitae (Exhibit "A"). I am also attaching a copy of my testimony for the last four years (Exhibit "B"). My reliance documents are listed on Exhibit "C".

II. ROSAIDA ALONSO MEDICAL RECORDS REVIEW AND CASE REPORT

Ms. Alonso was seen and evaluated by Dr. Juan Suarez on June 22, 2010.¹ On this consult he diagnosed her with a symptomatic grade III anterior prolapse (cystocele) and urinary stress incontinence.² Dr. Suarez and Ms. Alonso elected to undergo surgical repair of these conditions. Therefore, on July 19, 2010 Dr. Suarez performed an anterior prolapse repair with Avaulta Anterior, and an Align® transobturator sling.³ The procedure was uncomplicated and Ms. Alonso's immediate postoperative course was uncomplicated as well.

Beginning in the September 2010 Ms. Alonso noted an increasing level of vaginal pain that seemed significantly beyond the normal. Concurrently with the onset of vaginal pain was the onset of vaginal bleeding. Into January 2012 Ms. Alonso noted progressively increasing vaginal pain, pelvic pain and painful intercourse.⁴ A transvaginal ultrasound was performed on

¹ PSR00005

² Id.

³ PSR00462, PSR00001/CORGH00036, PSR00037-39/CORGH00026-27.

⁴ See e.g. UMHC00219-229

January 5, 2012.⁵ The study was interpreted by a radiologist as showing: “A cyst is seen on the anterior wall of the vagina, posterior to the pelvic bone. An echogenic structure is seen within the cyst which appears to be the bladder mesh. The cyst measures 5.3 x 8.3 x 4.6 cm with no increased vascularity noted.”⁶

Ms. Alonso was seen and evaluated by Dr. Carlos Medina who diagnosed her with vaginal mesh extrusion, a vaginal wall prolapse with vaginal abscess, pelvic pain and a vaginal abscess with malfunctioning graft material.⁷ On February 27, 2012 Dr. Medina took Ms. Alonso to the operating room and found a “A 6-7 cm anterior vaginal wall abscess with mesh...”⁸ He also noted “The graft material was rolled up basically in mid-portion to upper portion of the bladder.” Lastly, he noted “... it was clearly noted at the apex of the abscess to be a rolled mesh and just above it was a cord-like structure compatible with a sling.”⁹ The excision of the mesh exposure and drainage of the abscess were uncomplicated.¹⁰ Following surgery, on March 21, 2012, Ms. Alonso returned to see Dr. Medina with the complaints of vaginal bleeding and worsening urge incontinence. On his evaluation he noted strong urinary urgency, vaginal bleeding, vaginal discharge and pelvic pain.¹¹ Dr. Medina’s physical exam was specific for “There is bleeding around the vagina.”¹² At this time there was no evidence for vaginal pain or vaginal mesh erosion. Conservative treatments were instituted.

On August 31, 2012 Ms. Alonso returned to see Dr. Medina for the complaint of vaginal bleeding, urge incontinence and left lower quadrant pain.¹³ He performed a physical exam that was negative for vaginal tenderness or bleeding from the vagina.¹⁴ He did not detect any vaginal mesh extrusion or any other foreign body within the vagina. He documented that there was no vaginal discharge.¹⁵ Dr. Medina elected to have Ms. Alonso seen by Dr. Pimento for pelvic pain therapy.

After the initial mesh implant, Ms. Alonso’s life has changed. She has experienced pain in her vagina, colon, and side.¹⁶ Her relationship with her husband has suffered and she is not able to engage in sexually activity post-implant as frequently as pre-implant.¹⁷ She cannot enjoy riding a bike, due to the pain, and has difficulty at work.¹⁸

Currently, Ms. Alonso is not sexually active due to pain. Her last attempt at sexual activity was severely painful (VAS = 7-8) and she has not attempted intercourse since then. She states being in near constant pelvic pain (VAS = 5). With any activity such as sitting, walking or prolonged standing the pain level increased up to a VAS of 6-7. Lying down does seem to

⁵ PSR00244-245/SCCC00139-140.

⁶ Id.

⁷ See PSR00253-256/SCCC00131-138; see also PSR00235-242/SCCC00113-121.

⁸ PSR00306-307.

⁹ Id.

¹⁰ Id.

¹¹ See ALONSOR_UMHC_MDR00203.

¹² PSR00227-233/SCCC00103-110.

¹³ See PSR00218-226/SCCC00094-102.

¹⁴ Id.

¹⁵ Id.

¹⁶ See e.g. Rosaida Alonso Deposition testimony, pgs. 239-240, June 4, 2014.

¹⁷ See e.g. Rosaida Alonso Deposition testimony, pg. 240-242, June 4, 2014.

¹⁸ See e.g. Rosaida Alonso Deposition testimony, pg. 257-259, June 4, 2014.

reduce the pain but the pain never goes away completely. I have reviewed Ms. Alonso's medical records and her medical history, as well as examined her, and performed a differential diagnosis on Ms. Alonso. It is my opinion to a reasonable degree of medical certainty and probability that there are no non-mesh related post-implant conditions that would have caused Ms. Alonso's VAS pain scale to increase from a VAS score of 1-2 pre-implant to the VAS scores set out above in this paragraph.

On October 4, 2014 in Nashville, Tennessee I personally examined Ms. Alonso. The pertinent components of my examination demonstrated the following:

- Neurologic without gross deficit
- Abdomen without masses
- Vagina/Urinary system:

The urethra was in normal position and configuration. The vagina was well estrogenized. Palpation at the introitus was not tender. Deeper light palpation laterally along Levator ani muscles was not tender. Palpation along the entire anterior vaginal wall and urethra was not tender to light touch. Palpation along the entire posterior vaginal wall and urethra was not tender to light touch, again. There was no visible/palpable evidence of mesh extrusion.

The vaginal lumen length is within normal range. Palpation at the anterior mid-portion of the vagina, on the left side, just deep to the descending pubic rami was extremely painful to Ms. Alonso (VAS = 6). The right side was not tender. There was no visible evidence of mesh extrusion, however, the mesh arm was palpable on the left in this region. Specifically when the mesh arm on the left was palpated it cause severe pain. On the VAS, Ms. Alonso rated the pain at a 6.

Adduction of the thighs bilaterally was not tender. External palpation over the obturator foremen was not tender. On the VAS, Ms. Alonso rated the pain at a 0. Palpation over the buttock in the region of the mesh arms was not tender. On the VAS, Ms. Alonso rated the pain at a 0.

The anterior, posterior and apical vaginal walls were well supported at rest and with Valsalva. She had mild urethral hypermobility with no SUI noted, however, her bladder was empty at the time of examination.

Based upon my medical education, my review of the currently available medical literature pertaining to Ms. Alonso, and my physical examination of Ms. Alonso, with a high degree of medical certainty, I have come to the following medical diagnoses:

1. Ms. Alonso has severe mid vault vaginal pain resulting in severe dyspareunia overlying the region of the Avaulta mesh arms.
2. As a result of the implantation of Avaulta and the subsequent reaction, Ms. Alonso's vagina has scarred and narrowed resulting in severe pain.

3. Through no fault of the implanting surgeon, the resultant reaction from Avaulta has caused severe compromise in Ms. Alonso's quality of life.

Based upon my medical education, my experience, my review of the currently available medical literature pertaining to Ms. Alonso, and my physical examination of Ms. Alonso, with a high degree of medical certainty, I have come to the following conclusions regarding Ms. Alonso's prognosis and chance for recovery:

1. Pelvic Pain: Prognosis is poor. It is highly unlikely, even with aggressive physical therapy and biofeedback, for Ms. Alonso to have complete resolution of the pelvic pain.
2. Urinary Urge Incontinence: With proper evaluation and surgical treatment it is possible for Ms. Alonso to regain adequate control of her urine. However, repeat surgical intervention will be more challenging and the likelihood of success will be less than first time surgery.
3. Dyspareunia: Prognosis is poor. It is highly unlikely, even with aggressive surgery, physical therapy, biofeedback and pelvic floor retraining, for Ms. Alonso to have complete resolution of her sexual dysfunction.
4. As a consequence, the lack of physical intimacy has already cost Ms. Alonso a major component to her quality of life. Without a major reduction in her symptoms she is unlikely to ever regain the benefit of physical intimacy again in her life. The long-term impact on her quality of life is difficult to accurately ascertain, however, many studies have shown the long-term negative impact leading to feelings of isolation, loneliness, depression and suicide.
 - Sepulcri Rde et al: Depressive symptoms, anxiety, and quality of life in women with pelvic endometriosis. *Eur J Obstet Gynecol Reprod Biol*. 2009 Jan; 142(1):53-6.
 - Mathias SD, Kupperman M et al: Chronic pelvic pain: prevalence, health-related quality of life, and economic correlates. *Obstet Gynecol*. 1996 Mar; 87(3):321-7.

III. CASE SPECIFIC OPINIONS FOR ROSAIDA ALONSO

My opinions are based on my personal knowledge, experience, and my investigation in this case. All of my opinions, and the basis of these opinions, are true and correct to the best of my knowledge and belief, including those related to scientific and medical issues, which I believe are true and correct to a reasonable degree of scientific and medical certainty. I do, however, reserve the right to supplement this report and my opinions in light of any additional material or information provided to me, including any reports submitted and/or any other discovery that is taken in this case. Furthermore, if called to testify, I would plan to use various demonstrative exhibits, animations, video recordings, and/or anatomic models to show the relevant anatomy and surgical procedures and to describe my opinions as set forth in this report. The materials I have reviewed and relied upon to form my opinions for this report are listed in

Exhibit “C” to this report.

I have been asked to review the pertinent medical records (~1100 pages) pertaining to the care of Ms. Alonso, to perform an independent medical exam of her and to provide this written report regarding my opinions of her care, surgery, and treatment. Also, I have been asked to provide a written diagnosis and prognosis, and have done the same in my report, attached hereto, following my review of her records and examination of Ms. Alonso.

Determining the cause of a specific injury is a two-step process. First, one must “rule in” potential causes. Second, through a process of elimination, “rule out” the least likely causes until only the most likely causes remain under consideration. This process is known as differential diagnosing or differential etiology. It is a well-established and universally accepted methodology for determining the cause of injuries and illnesses by physicians throughout the United States. When determining the cause of a specific injury, it is necessary to “rule in” potential causes of the injury, and then by process of elimination, to “rule out” the least likely causes to arrive at the most likely cause. This process is known as differential diagnosis, or differential etiology, and it is a well-established and universally accepted methodology for determining the cause of injuries employed by physicians throughout the United States. I have used that methodology in arriving at my opinions in this case.

Based upon my medical education, my experience, my review of the currently available medical literature pertaining to Ms. Alonso, and my physical examination of Ms. Alonso, with a high degree of medical certainty, I have come to the following conclusions regarding Ms. Alonso’s prognosis and chance for recovery:

1. Pelvic Pain: Prognosis is poor. It is highly unlikely, even with aggressive physical therapy and biofeedback, for Ms. Alonso to have complete resolution of the pelvic pain.
2. Urinary Urge Incontinence: With proper evaluation and surgical treatment it is possible for Ms. Alonso to regain adequate control of her urine. However, repeat surgical intervention will be more challenging and the likelihood of success will be less than first time surgery.
3. Dyspareunia: Prognosis is poor. It is highly unlikely, even with aggressive surgery, physical therapy, biofeedback and pelvic floor retraining, for Ms. Alonso to have complete resolution of her sexual dysfunction.
4. As a consequence, the lack of physical intimacy has already cost Ms. Alonso a major component to her quality of life. Without a major reduction in her symptoms she is unlikely to ever regain the benefit of physical intimacy again in her life. The long-term impact on her quality of life is difficult to accurately ascertain, however, many studies have shown the long-term negative impact leading to feelings of isolation, loneliness, depression and suicide.

- i. Sepulcri Rde et al: Depressive symptoms, anxiety, and quality of life in women with pelvic endometriosis. *Eur J Obstet Gynecol Reprod Biol.* 2009 Jan; 142(1):53-6.
- ii. Mathias SD, Kupperman M et al: Chronic pelvic pain: prevalence, health-related quality of life, and economic correlates. *Obstet Gynecol.* 1996 Mar; 87(3):321-7.

Based upon my review of Ms. Alonso's medical records, my experience and education, review of the available medical literature and examination of Ms Alonso, I currently hold the following opinions to a reasonable degree of medical certainty. I reserve the right to supplement and revise my opinions regarding Ms. Alonso if further information becomes available.

1. Ms. Alonso was not able to make a fully informed medical decision regarding the implantation of Avaulta mesh because Bard failed to fully disclose the risks, complications (both early and late) in Avaulta's Instruction for Use.
2. Ms. Alonso's implanting surgeon was not able to provide the necessary and required information to Ms. Alonso for an informed consent because Bard failed to fully reveal such information and failed to fully evaluate said information prior to launch.
3. Ms. Alonso has developed complications as described above as a result of the Avaulta being implanted in her body.
4. As a result of these complications from the Avaulta device, Ms. Alonso has suffered damages and will continue to suffer future damages.
5. I have personally reviewed Ms. Alonso's medical bills as a result of her treatment and surgeries related to the implantation of Avaulta device and its complications and I believe they are reasonable and necessary.
6. These complications have taken a significant impact on Ms. Alonso's quality of life. Prior to the surgery, she was healthy, physically and sexually active individual. Now Ms. Alonso has been forced to dramatically reduce these activities due to her poorly controlled pelvic and vaginal pain. Ms. Alonso can no longer enjoy a normal sexual life because of the severity of her vaginal and pelvic pain.

Ms. Alonso suffered injuries as a direct result of the implantation of the mesh. As stated in my General Expert Liability Report, the polypropylene mesh utilized in the Avaulta product was not intended for human use. Bard did not convey this information to Ms. Alonso¹⁹ or Dr.

¹⁹ Deposition of Rosaida Alonso, June 4, 2014, pages 297-299.

Sprock.²⁰ In fact, Dr. Sprock testified that had she known that the material used in the Avaulta product was not for human use, she “would not have used it.”²¹

Set out in my general causation expert report, several characteristics of the Marlex polypropylene mesh render it inherently unsafe for use in Ms. Alonso. First, Bard utilizes non-medical grade polypropylene, the supplier of which has forbidden its use in humans because of its known degradation characteristics. Second, the mesh should have large pores at least 2 mm in its shortest diagonal. Third, it should be lightweight, i.e. less than less than 35 g/m² dense. Fourth, it should not be inserted blindly with metal trocars. Fifth, it should not have its flat mesh arms pulled through narrower, rounded trocar wounds. These characteristics, in my opinion to a reasonable degree of medical certainty and probability, caused Ms. Alonso to suffer her permanent injuries: pain, urinary urgency, loss of quality of life and dyspareunia, and are a direct result of the C.R. Bard, Inc. products implanted into her body.

It is my opinion to a reasonable degree of medical certainty that Ms. Alonso’s post-implant medical treatment results from her complications stemming from the Bard implant. Following the implant, Ms. Alonso experienced pain during intercourse, pelvic pain and other symptoms discussed herein. It is my opinion, to a reasonable degree of medical certainty and probability, that no other causes for her symptoms exists other than the mesh as she has not developed any medical conditions or life events that would cause her current problems.

Further, based on my background, education, training, and experience, it is my opinion that Dr. Juan Suaraz’s treatment of Ms. Alonso met the standard of care, when implanting and excising the mesh. It is also my opinion that the care and treatment by Dr. Medina to remove mesh also met the standard of care. Both the implant and explant procedures were performed within the standard of care, with no evidence of surgeon error or deviation from the requisite procedural steps or the standard of care. Furthermore, none of the historical or medical conditions she had prior to 2010, would cause her current conditions.

As set forth in my general report, safer alternative designs to the mesh were available. And so, it is my opinion to a reasonable degree of medical certainty and probability that alternative treatments were available to treat Ms. Alonso.

Also, as set out in my general report, C.R. Bard, Inc., failed to provide adequate warnings of the defects in the design of the mesh and system of implantation, as well as the adverse events resulting from those defects to Ms. Alonso’s physicians

Since Bard knew of these risks they should have been clearly placed on the IFU so that not only Ms. Alonso’s implanting surgeon would be fully informed of the risks but also Ms. Alonso could have been completely informed of the risk on her informed consent. The following lists the risks that were known but Ms. Alonso was not informed of on her informed consent:

1. Inadequate Pre-launch Testing and durability studies.

²⁰ Deposition of Dr. Marja Sprock, September 10, 2014, pgs. 78-79.

²¹ Deposition of Dr. Marja Sprock, September 10, 2014, pg. 82.

2. Ineffective procedure puts women through surgery with unacceptably high failure rate.
3. Dangerous Procedure with incomplete IFU specifications regarding tensioning and appropriate use of trocars thereby leading to complications and failure.
4. Inadequate data to support use of Avaulta in the Pelvic Floor.
5. That the Avaulta devices can cause chronic, permanent debilitating pain.
6. Incomplete warnings regarding increased inflammatory tissue response to Avaulta.
7. Incomplete warnings regarding the inherent nature of the Avaulta mesh a predictable increased immune response to the presence of the mesh is set off.
8. Incomplete warnings regarding the increased inflammatory and immune response causes increased risk for product breakdown and subsequent product failure.
9. Incomplete warning and pre-launch evaluations regarding the host's acute inflammatory response to Avaulta.
10. That Avaulta mesh can cause a lifelong risk of vaginal extrusion.
11. That Avaulta could cause a lifelong risk of pelvic organ erosion.
12. That erosions and extrusions can be severe and incurable. Incomplete warning and pre-launch evaluations regarding the host's chronic inflammatory response to Avaulta.
13. Insufficient evaluation regarding implantation of Avaulta into the contaminated field of the vagina.
14. Insufficient evaluation regarding Avaulta product degradation/product Failure due to product degradation
15. Insufficient evaluation and warnings regarding Avaulta -related complications not seen in traditional repair.
16. That Bard knew of data that the risk of vaginal scarring was greater than it disclosed in its IFU.
17. Avaulta's pelvic mesh products products are defective due to Bard's failure adequately test the product prior to launch, failure to appropriately warn patients and health care providers of range, severity and magnitude of risks and complications including, but not limited to, the following:
 - a. The products' frequent tendencies to degrade, fragment, and elongate;
 - b. The risk of the mesh causing a host versus implant immune response causing a chronic inflammation reaction resulting in pain and product failure;

- c. The risk of chronic infections resulting from the products;
- d. Risk of chronic foreign body reaction due to the presence of the product;
- e. The risk of permanent vaginal or pelvic scarring as a result of the products interaction with the host;
- f. The risk of permanent vaginal shorting as a result of the products;
- g. The risk of intractable pelvic, vaginal, urethral, and systemic pain and resulting from the products interaction with the body;
- h. The need for corrective or revision surgery to revise or attempt to remove the products;
- i. The severity of complications such as pelvic pain, vaginal pain, dyspareunia, overactive bladder, voiding pain that could arise as a result of implantation of the products;
- j. That Avaulta devices could cause permanent dyspareunia;
- k. That Avaulta devices could cause permanent pelvic pain;
- l. That the Avaulta device could cause narrowing of the vaginal vault;
- m. The frequency of complications that could arise as a result of implantation of the products;
- n. The pre-existing knowledge of the severity and frequency of complications resulting from the products implantation;
- o. Folding of the product inside the body;
- p. Treatment of pelvic organ prolapse and stress urinary incontinence with the products is no more effective than feasible available alternatives;
- q. Treatment of pelvic organ prolapse and stress urinary incontinence with the products exposes patients to greater risk than feasible available alternatives;
- r. Treatment of pelvic organ prolapse and stress urinary incontinence with the products makes future surgical repair more difficult than feasible available alternatives;
- s. The use of the products puts the patients at greater risk of requiring additional surgery;

- t. The removal of the products due to complications may involve multiple surgeries and may significantly impair the patient's quality of life;
 - u. Complete removal of the products is most likely not possible and may not result in resolution of the complications, including pain; and recurrent urinary leakage and pelvic organ prolapse.
18. Insufficient evaluation regarding and warning regarding the pullout forces of the Avaulta.
19. Insufficient evaluation regarding and warning regarding the pullout forces of Avaulta if the mesh were to be adjusted (pulled back and forth) during the mesh tensioning portion of the procedure.
20. Insufficient evaluation regarding and warning regarding the mesh sling anchoring configuration and "rolling potential" once in place in the body and rectus abdominis muscle and fascia.
21. Insufficient evaluation regarding, warning and IFU guidance for Avaulta placement in morbidly obese patients.

Ms. Alonso did not receive information about the above risks because Bard did not disclose them fully in its IFU and surgeons, including the implanting surgeon in Ms. Alonso's case, were not made aware of them. This is true despite information readily available to Bard about these risks, which predate the launch of the device. Because of this, Ms. Alonso's implanting surgeon could not pass this information on to her and properly consent her about the risks associated with the Avaulta device. Ms. Alonso was unable to make a fully informed decision about having the cook device implanted. As a result, to a reasonable degree of medical certainty, Ms. Alonso suffered injuries that were not disclosed to her by Bard and the inadequate disclosure of these risks were a substantial factor and/or cause of Ms. Alonso's injuries.

I reserve the right to amend and/or supplement this report if new discovery or facts necessitate amendment or supplementation.

Dated this 9th day of October, 2014.



Daniel S. Elliott

EXHIBIT A

Curriculum Vitae and Bibliography

Daniel S. Elliott, MD

Present Academic Rank and Position

Consultant - Department of Urology, Mayo Clinic, Rochester, Minnesota	07/2003 - Present
Associate Professor of Urology - Mayo Clinic College of Medicine	01/2013 - Present

Education

Biola University - BS, Biological Science	1988
School of Medicine, Loma Linda University - MD	1993
Mayo School of Graduate Medical Education, Mayo Clinic College of Medicine - Internship, General Surgery	1993 - 1994
Mayo School of Graduate Medical Education, Mayo Clinic College of Medicine - Resident, Urologic Surgery	1994 - 1999
Baylor College of Medicine - Fellow, Neurourology, Urodynamics and Voiding Dysfunction	1999 - 2000

Additional Education

UCLA State-of-the-Art Urology UCLA Marina del Rey, California	03/2004
UCLA State-of-the-Art Urology UCLA Marina del Rey, California	03/2005
UCLA State-of-the-Art Urology UCLA Marina del Rey, California	03/2006
UCLA State-of-the-Art Urology UCLA Marina del Rey, California	03/2007
UCLA State-of-the-Art Urology UCLA Marina del Rey, California	03/2008
UCLA State-of-the-Art Urology UCLA Marina del Rey, California	03/2009
Coloplast Surgical Training - Male Sling New York, New York	06/2009
UCLA State-of-the-Art Urology UCLA Marina del Rey, California	03/2010
UCLA State-of-the-Art Urology UCLA Marina del Rey, California	03/2011

UCLA State-of-the-Art Urology UCLA Marina del Rey, California	03/2012
Comprehensive Review Course in Female Pelvic Medicine and Reconstructive Surgery Dallas, Texas	04/2013
AUA Hands-On Ultrasound Training Course Rochester, Minnesota	10/2014

Certifications**Board Certifications****American Board of Urology**

Urology	2002 - Present
Urology/Female Pelvic Medicine and Reconstructive Surgery	08/2013 - Present

Honors/Awards

AUA Resident Award - John D. Silbar North Central Section	10/1998
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Urology Grant Recipient - Pfizer Scholars	01/1999
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DeWeerd Travel Award Recipient	06/1999
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Annual Audio-Visual Award - AUA - American Urological Association, Washington, District of Columbia	05/2011
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Small intestinal submucosa urethral wrap as a salvage treatment option following multiple failed artificial urinary sphincters - Third Prize - Landon Trost, Daniel Elliott

Best Reviewer in 2011 Award - Urodynamics/Incontinence/Female Urology/Neurourology - The Journal of Urology	05/2012
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Best Reviewer in 2012 Award - Urodynamics/Incontinence/Female Urology/Neurourology - The Journal of Urology	05/2013
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Annual Audio-Visual Award - AUA - American Urological Association, San Diego, California	05/2013
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Long-Term Outcomes of Patients Undergoing the Standard Versus Modified (5 Points of Fixation, 1 Point of Plication) Technique for Virtue Male Sling Placement - First Honorable Mention - Landon Trost, Daniel Elliott

Previous Professional Positions and Major Appointments

Senior Associate Consultant - Department of Urology, Mayo Clinic, Rochester, Minnesota	07/2000 - 06/2003
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Assistant Professor of Urology - Mayo Clinic College of Medicine	04/2002 - 12/2012
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Professional & Community Memberships, Societies and Services**Professional Memberships & Services**

American Medical Association	
Member	1991 - 2001
American Association of Clinical Urologists	
Member	1998 - 2005
American Urological Association	
Member	2000 - Present
International Continence Society	

Member	2001 - Present
Society for Urodynamics & Female Urology	
Member	2002 - Present
Education Committee	
Committee Member	08/2014 - Present
Minnesota Medical Association	
Member	2002 - Present
Zumbro Valley Medical Society	
Member	2002 - Present
Olmsted County Medical Association	
Member	2002 - Present
International Urogynecologic Society	
Member	2003 - Present
Society of Urologic Prosthetic Surgeons	
Member	2005 - Present
Society of Laparoendoscopic Surgeons	
Member	2005 - Present
Minimally Invasive Robotic Association	
Member	2005 - Present
Minnesota Urological Society	
Member	2006 - Present
European Association of Urology	
International Member	03/2013 - Present
Section of Genitourinary Reconstructive Surgeons	
International Member	03/2013 - Present
Committee Member	04/2014 - Present
Section of Female and Functional Urology	
International Member	04/2013 - Present
International Urogynecologic Association	
Member	05/2013 - Present
International Pelvic Pain Society	
Member	05/2014 - Present

Journal Responsibilities

Journal Editorial Responsibilities

Journal of Robotic Surgery

Consulting Editor

Journal of Gynecology and Obstetrics

Editorial Board Member

Journal Other Responsibilities

Mayo Clinic Proceedings

Reviewer

Neurourology and Urodynamics

Reviewer
The Journal of Urology
Reviewer
Journal of Investigative Urology
Reviewer
Nature Clinical Practice Urology
Reviewer
Mayo Clinic Health Letter
Reviewer
Archives of Gynecology and Obstetrics
Reviewer
Journal of Endourology
Reviewer
European Journal of Obstetrics & Gynecology and Reproductive Biology
Reviewer
Cleveland Clinic Journal of Medicine
Reviewer
Contemporary Clinical Trials
Reviewer
International Urogynecology Journal
Reviewer
Canadian Urological Association Journal
Reviewer, Canada
Urologia Internationalis
Reviewer

Educational Activities

Teaching Intramural

Prostate Pathology 03/2005
Mayo Medical School
Rochester, Minnesota

Institutional/Departmental Administrative Responsibilities, Committee

Memberships and Other Activities

Mayo Clinic in Rochester

Department of Urology
Education Committee
Committee Member 02/2003 - 11/2008
Committee Member 10/2013 - Present

Presentations Extramural

National/International

Invited

Robotic Urogynecologic Surgery 3rd Annual World Robotic Urology Symposium Orlando, Florida	03/2008
Robotic Sacrocolpopexy 2009 International Robotic Urology Symposium (IRUS), Henry Ford Health System Las Vegas, Nevada	01/2009
Current Status Robotic GYN Surgery 2010 International Robotic Urology Symposium (IRUS), Henry Ford Health System Las Vegas, Nevada	01/2010
Robotic Sacrocolpopexy 28th World Congress on Endourology and SWL Chicago, Illinois	09/2010
Female Urology 28th World Congress on Endourology and SWL Chicago, Illinois	09/2010
Optimizing Quality of Life With Regard to Urologic Function After Sacrectomy The 4th Annual Sacral Tumor Study Group Conference, Massachusetts General Hospital Boston, Massachusetts	01/2013
Treatment of Bladder and Urethral Mesh Erosion: Remove and Reconstruct Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU) Scottsdale, Arizona	02/2015

Oral

Long Term Follow-Up of Endoscopically Treated Upper Tract Transitional Cell Carcinoma American Urological Association Annual Meeting Las Vegas, Nevada	04/1995
Transabdominal Enzymatic Ablation of the Prostate in the Canine Model: Evaluation for Use for the Treatment of Outflow Obstruction Due to Benign Prostatic Hyperplasia Urodynamics Subsection Meeting, American Urological Association Orlando, Florida	05/1996
Long Term Analysis of 323 AMS 800 Artificial Urinary Sphincters Urodynamics Subsection Meeting, American Urological Association Orlando, Florida	05/1996
Analysis of Functional Durability of AMS 800 Artificial Urinary Sphincter: The Mayo Clinic Results American Urological Association Annual Meeting New Orleans, Louisiana	04/1997
Long Term Follow-Up Primary Realignment of Urethral Disruption Following Pelvic Fracture American Urological Association Annual Meeting New Orleans, Louisiana	04/1997

Does Reoperation on an Artificial Urinary Sphincter Increase the Likelihood for Further Reoperations for Mechanical or Nonmechanical Failure? American Urological Association Annual Meeting San Diego, California	06/1998
Is Nephroureterectomy Necessary in All Cases of Upper Tract Transitional Cell Carcinoma? Long Term Results of Conservative Endourology Management of Upper Tract Transitional Cell Carcinoma in Individuals with Normal Contralateral Kidneys American Urological Association Annual Meeting Dallas, Texas	05/1999
Durability of Cadaveric Pubovaginal Sling American Urological Association Annual Meeting Anaheim, California	06/2001
Does the Addition of Antibiotic Prophylaxis to CIC Alter the Incidence of UTI? American Urological Association Annual Meeting Orlando, Florida	06/2002
Surgical Approach for Placement of SPARC Suburethral Sling North Central Section, American Urological Association Chicago, Illinois	10/2002
SPARC suburethral sling: technique and results (Video Presentation) Western Section, American Urological Association Kauai, Hawaii	11/2002
Robotic laparoscopic sacrocolpopexy: new surgical technique for the treatment of vaginal vault prolapse (Video Presentation) American Urological Association Chicago, Illinois	04/2003
Colloquium-ICS/IUGA 2004 Paris, France	08/2004
Robotic-Assisted Laparoscopic Management of Vaginal Vault Prolapse Minimally Invasive Robotics Association Innsbruck, Austria	12/2005
Advancement in Salvage Procedure Following Failed Artificial Urinary Sphincter: Tandem Transcorporal Artificial Urinary Sphincter Cuff Technique (Video Presentation) American Urological Association Atlanta, Georgia	05/2006
Tandem Transcorporal Artificial Urinary Sphincter Cuff Salvage Technique Following Previous Cuff Erosion and Infection: Surgical Description and Outcome Western Section, American Urological Association Maui, Hawaii	10/2006
Assessment of Durability of Robotic Sacrocolpopexy for the Treatment of Vaginal Vault Prolapse Minimally Invasive Robotics Association New York, New York	01/2007
Minimally Invasive Advances: Stress Incontinence Mayo Clinic Rochester, Department of Urology Kohala Coast, Hawaii	02/2007

Treatment Options for the Failed Sling Mayo Clinic Rochester, Department of Urology Kohala Coast, Hawaii	02/2007
American Urological Association Annual Meeting Anaheim, California	05/2007
Robotics use in Gynecology: the Mayo Clinic experience Robotic Surgery: Facts or Fiction? Milano, Italy	06/2007
Indication and Management of Artificial Urinary Sphincter 7th Osijek Urological Days Osijek, Croatia	10/2007
Robotics Use in Gynecology 7th Osijek Urological Days Osijek, Croatia	10/2007
Robotic Urogynecologic Surgery 3rd Annual World Robotic Urology Symposium Orlando, Florida	03/2008
Latest Advances and Treatment of Complications in Minimally Invasive Treatments for Stress Incontinence American Urological Association (AUA) Orlando, Florida	05/2008
Severe, recurrent bladder neck contracture after prostatectomy: Salvage with urethral wall stent (Video and Poster Presentation) American Urological Association (AUA) Orlando, Florida	05/2008
Surgical Advances of Stress Urinary Incontinence Indian American Urological Association (IAUA) Orlando, Florida	05/2008
Robotic Sacrocolpopexy International Robotic Urology Symposium, Henry Ford Health System Las Vegas, Nevada	01/2009
Overactive Bladder: Current Concepts of Management Mayo Clinic, Department of Urology, Rochester Meeting Kona, Hawaii	02/2009
Minimally Invasive Advances: Stress Incontinence Mayo Clinic, Department of Urology, Rochester Meeting Kona, Hawaii	02/2009
Management of Complications Following Anti-Incontinence Procedures Mayo Clinic, Department of Urology, Rochester Meeting Kona, Hawaii	02/2009
American Urological Association (AUA) Chicago, Illinois	04/2009
Robotic repair for vaginal prolapse has significant benefits North Central Section of the AUA - 83rd Annual Meeting Scottsdale, Arizona	11/2009

Current Status Robotic GYN Surgery International Robotic Urology Symposium, Henry Ford Health System Las Vegas, Nevada	01/2010
Robotics for Female Pelvic Reconstruction: Who, When and What? American Urological Association (AUA) San Francisco, California	05/2010
Results of Urethral Wrap As Salvage Treatment Option Following Multiple Failed Artificial Urinary Sphincters North Central Section of the AUA Chicago, Illinois	09/2010
Small intestinal submucosa urethral wrap as a salvage treatment option following multiple failed artificial urinary sphincters Audio-Visual American Urological Association (AUA) Washington, District of Columbia	05/2011
Long-Term Results of Small Intestinal Submucosa at Artificial Urinary Sphincter Placement for Management of Persistent / Recurrent Incontinence Following Multiple Sphincter Failures and Erosions North Central Section of the AUA Rancho Mirage, California	10/2011
OAB Current Concepts and Management Mayo Clinic Reviews in Urology Kohala Coast, Hawaii	02/2012
Treatment and Evaluation of the Complicated Artificial Urinary Sphincter Patient Mayo Clinic Reviews in Urology Kohala Coast, Hawaii	02/2012
Transvaginal Mesh Kits Complications and Alternatives Mayo Clinic Reviews in Urology Kohala Coast, Hawaii	02/2012
Vaginal Mesh for POP: what's the data show? American Urological Association (AUA) Atlanta, Georgia	05/2012
How do different centres perform Robot-assisted-Sacrocolpopexy? 4th Annual Society of European Robotic Gynecological Surgery (SERGS) Marseille, France	06/2012
Comparative Surgical Complications of the Robotic Sacrocolpopexy for Pelvic Organ Prolapse vs. Traditional Transabdominal Sacrocolpopexy European Robotic Urology Symposium (ERUS) London, United Kingdom	09/2012
Effect of prior radiotherapy and ablative therapy on surgical outcomes for the treatment of rectourethral fistulas Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) Las Vegas, Nevada	02/2013

Robotic Transvesical Rectourethral Fistula Repair Following a Robotic Radical Prostatectomy (Video Presentation) Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) Las Vegas, Nevada	02/2013
Impact of Patient Obesity on Robotic Sacrocolpopexy for the Treatment of Vaginal Vault Prolapse Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) Las Vegas, Nevada	02/2013
Long-Term Outcomes of Patients Undergoing the Standard Versus Modified (5 Points of Fixation, 1 Point of Plication) Technique for Virtue Male Sling Placement (Video Presentation) American Urological Association (AUA) San Diego, California	05/2013
Robotic Transvesical Rectourethral Fistula Repair Following a Robotic Radical Prostatectomy (Video Presentation) American Urological Association (AUA) San Diego, California	05/2013
Effect of prior radiotherapy and ablative therapy on surgical outcomes for the treatment of rectourethral fistulas American Urological Association (AUA) San Diego, California	05/2013
The Impact of InhibiZone on Artificial Urinary Sphincter Infection Rate American Urological Association (AUA) San Diego, California	05/2013
Impact of Patient Obesity on Robotic Sacrocolpopexy for the Treatment of Vaginal Vault Prolapse American Urological Association (AUA) San Diego, California	05/2013
Long Term Risk for Repeat Anti-Incontinence Surgery following Urethrolisis: A Review of 100 Patients American Urological Association (AUA) San Diego, California	05/2013
Impact of patient obesity on robotic sacrocolpopexy for the treatment of vaginal vault prolapse 3rd International Meeting "Challenges in Endourology & Functional Urology" Paris, France	06/2013
Long-Term Outcomes for Artificial Urinary Sphincter Reimplantation Following Prior Device Explantation for Erosion and/or Infection South Central Section of the AUA Chicago, Illinois	09/2013
Effect of prior radiotherapy and ablative therapy on surgical outcomes for the treatment of rectourethral fistulas 2nd Joint Section Meeting of ESFFU, ESGURS, and ESOU Tübingen, Germany	10/2013

Long-term impact of artificial urinary sphincter reimplantation following prior device explantation for erosion and/or infection 10/2013
2nd Joint Section Meeting of ESFFU, ESGURS, and ESOU
Tübingen, Germany

Impact of patient obesity on robotic sacrocolpopexy for the treatment of vaginal vault prolapse 10/2013
2nd Joint Section Meeting of ESFFU, ESGURS, and ESOU
Tübingen, Germany

Long-Term Device Outcomes for Artificial Urinary Sphincter Reimplantation Following Prior Explantation for Erosion or Infection 02/2014
Society of Urodynamics Female Pelvic Medicine & Urogenital Reconstruction
Miami, Florida

Risk Factors for Intraoperative Conversion During Robotic Sacrocolpopexy 02/2014
Society of Urodynamics Female Pelvic Medicine & Urogenital Reconstruction
Miami, Florida

Results of artificial urinary sphincter reimplantation following previous erosion and/or infection 04/2014
29th Annual Congress of the European Association of Urology
Stockholm, Sweden

Autologous Transobturator Mid-Urethral Sling Placement: A Novel Outpatient Procedure for Female Stress Urinary Incontinence (Video Presentation) 05/2014
American Urological Association (AUA)
Orlando, Florida

Surgical Management of Female Benign Urethral Stricture Disease: A Ten Year Experience 05/2014
American Urological Association (AUA)
Orlando, Florida

Urethral Management at the Time of Artificial Urinary Sphincter Erosion, Is Urethral Catheterization Alone Enough? 09/2014
North Central Section of the American Urological Association (AUA)
Chicago, Illinois

Autologous Transobturator Mid-Urethral Sling Placement for Female Stress Urinary Incontinence (Video Presentation) 09/2014
North Central Section of the American Urological Association (AUA)
Chicago, Illinois

Poster

Robot-Assisted Laparoscopic Sacrocolpopexy for Treatment of High Grade Vaginal Vault Prolapse: Surgical Technique and Initial Experience 09/2007
29th Congress of the Societe Internationale d'Urologie
Paris, France

Robot Sacrocolpopexy: A Review of the Learning Curve in Fifty Cases 01/2011
4th World Congress on Controversies in Urology (CURy)
Paris, France

Impact of Radiotherapy on Surgical Repair and Outcomes in Patients with Rectourethral Fistula. 06/2012
67th Annual Meeting of the Canadian Urological Association
Alberta, Canada

Term Device Outcomes for Artificial Urinary Sphincter Reimplantation Following 05/2014
 Prior Explantation for Erosion or Infection
 American Urological Association (AUA)
 Orlando, Florida

Factors Associated with Intraoperative Conversion During Robotic 09/2014
 Sacrocolpopexy
 North Central Section of the American Urological Association (AUA)
 Chicago, Illinois

Regional

Invited

Rectocele 10/2004
 Office of Women's Health brown bag
 Rochester, Minnesota

Incontinence and Other Urological Issues 08/2007
 Radio Broadcast, Hosted by Dr. Thomas Shives
 HealthLine - KROC Radio
 Rochester, Minnesota

A Practical Approach to Treating Incontinence 10/2008
 Clinical Reviews, Rochester Civic Center
 Rochester, Minnesota

A Practical Approach to Treating Incontinence 11/2008
 Clinical Reviews, Rochester Civic Center
 Rochester, Minnesota

Incontinence and Other Urological Issues 03/2010
 Radio Broadcast, Hosted by Dr. Thomas Shives
 Medical Edge Weekend - KROC Radio
 Rochester, Minnesota

Urinary Incontinence 03/2011
 Radio Broadcast, Hosted by Dr. Thomas Shives
 Medical Edge Weekend - KROC Radio
 Rochester, Minnesota

Incontinence: Causes and Treatments 02/2013
 Prostate Cancer Support Group
 Rochester, Minnesota

Urinary Incontinence 05/2014
 Radio Broadcast, Hosted by Dr. Thomas Shives
 Medical Edge Weekend - KROC Radio
 Rochester, Minnesota

Oral

Paratesticular Angiomyofibroblastoma 09/1995
 North Central Section, American Urological Association
 Minneapolis, Minnesota

Does the Degree of Preoperative Elevation PSA Exclude a Patient for 10/1996
 Consideration for Radical Retropubic Prostatectomy?
 North Central Section, American Urological Association
 Tucson, Arizona

Does Reoperation of an Artificial Sphincter Place the Patient at an Increased Risk for Subsequent Reoperation 10/1998
 North Central Section, American Urological Association
 Amelia Island, Florida

Is Fascia Lata Allograft Material Trustworthy for Pubovaginal Sling Repair 10/2000
 North Central Section, American Urological Association
 Phoenix, Arizona

Combined Stent and Artificial Urinary Sphincter for Management of Severe Recurrent Bladder Neck Contractures and Stress Incontinence after Prostatectomy: A Long-Term Evaluation. 10/2000
 North Central Section, American Urological Association
 Phoenix, Arizona

Does Nocturnal Deactivation of the Artificial Urinary Sphincter Lessen the Risk for Urethral Atrophy? 10/2000
 North Central Section, American Urological Association
 Phoenix, Arizona

Robotics Surgery for Vaginal Prolapse 06/2007
 Controversies in Women's Health Symposium 2007
 Nisswa, Minnesota

Research Grants Awarded

Completed Grants

Federal

Co-Investigator Selenium and Vitamin E Cancer Prevention Trial (SELECT). 01/2010 - 12/2010
 Funded by National Cancer Institute. (U10 CA 37429-SELECT)

Industry

Principal Investigator Are There Histological and Tensile Strength Variations in Autologous, Allograft and SIS Pubovaginal Slings Over Time Using the Rabbit Model. Funded by Mentor Corporation. 10/2002 - 09/2003
 (MENTOR #5, 1A4575)

Co-Investigator Single Looped Mechanical Urinary Sphincter: Determination of Required Urethral Constriction Forces to Provide Adequate Urinary Continence in the Canine Model. Funded by Dacomed, Inc. (Dacomed #1) 10/1995 - 12/1995

Co-Investigator Clinical Investigation of the Safety and Performance of Timm Medical Technologies' Artificial Urinary Sphincter (TIMM-AUS). 06/1999 - 02/2005
 Funded by Timm Medical Technologies. (Timm # 1)

Co-Investigator A Randomized, Double-Blind, Parallel-Group Study to Investigate the Effects of a Single Oral Dose of L-753099 Compared to Placebo and Tolerodine on Urodynamic Parameters in Healthy Male Volunteers. Funded by Merck & Co., Inc. (Merck 138) 07/1999 - 12/2003

Co-Investigator The Safety, Local Tolerability, Pharmacokinetics, and Risk Benefit of Oxybutynin Transvaginal Rings (TVR) in Women with a History of Overactive Bladder. Funded by Advanced Biologics. 01/2001 - 12/2003
 (BIOLOGICS #1)

Co-Investigator An Eight-Week, Double-Blind, Randomized, Parallel Group Design, Multicenter Study of FLOMAX Capsules, 0.4 mg Daily Vs. Placebo, in Female Patients w/ Lower Urinary Tract Symptoms (LUTS) w/ a Significant Component of Voiding Symptoms. Funded by Boehringer Ingelheim. (BOEHRINGER #34) 06/2001 - 07/2003

Co-Investigator Veritas Collagen Matrix Urological Sling Postmarketing Clinical Study Protocol. Funded by Bio-Vascular, Inc. (BIOVASCULAR #1) 10/2001 - 09/2003

Mayo Clinic

Principal Investigator Transurethral Enzymatic Ablation of the Prostate (TEAP); Short-term Concentration Study. Funded by Department Discretionary Funds. (Immuno 2) 09/1995 - 12/2003

Bibliography

Peer-reviewed Articles

1. Gleason PE, **Elliott DS**, Zimmerman D, Smithson WA, Kramer SA. Metastatic testicular choriocarcinoma and secondary hyperthyroidism: case report and review of the literature. *J Urol*. 1994 Apr; 151(4):1063-4. PMID:8126794.
2. **Elliott DS**, Blute ML, Patterson DE, Bergstralh EJ, Segura JW. Long-term follow-up of endoscopically treated upper urinary tract transitional cell carcinoma. *Urology*. 1996 Jun; 47(6):819-25. PMID:8677570. DOI:10.1016/S0090-4295(96)00043-X.
3. **Elliott DS**, Barrett DM. Long-term followup and evaluation of primary realignment of posterior urethral disruptions. *J Urol*. 1997 Mar; 157(3):814-6. PMID:9072573.
4. **Elliott DS**, Barrett DM. The artificial urinary sphincter in the female: indications for use, surgical approach and results. *Int Urogynecol J Pelvic Floor Dysfunct*. 1998; 9(6):409-15. PMID:9891964.
5. **Elliott DS**, Barrett DM. Mayo Clinic long-term analysis of the functional durability of the AMS 800 artificial urinary sphincter: a review of 323 cases. *J Urol*. 1998 Apr; 159(4):1206-8. PMID:9507835.
6. Brown JA, **Elliott DS**, Barrett DM. Postprostatectomy urinary incontinence: a comparison of the cost of conservative versus surgical management. *Urology*. 1998 May; 51(5):715-20. PMID:9610584.
7. **Elliott DS**, Barrett DM. The artificial genitourinary sphincter. *Digital Urology Journal*. 1998 Jul.
8. **Elliott DS**, Timm GW, Barrett DM. An implantable mechanical urinary sphincter: a new nonhydraulic design concept. *Urology*. 1998 Dec; 52(6):1151-4. PMID:9836575.
9. **Elliott DS**, Boone TB. Urethral devices for managing stress urinary incontinence. *Journal of Endourology*. 2000 Feb; 14(1):79-83. PMID:10735576.
10. **Elliott DS**, Barrett DM. Artificial urinary sphincter implantation using a bulbous urethral cuff: perioperative care. *Urol Nurs*. 2000 Apr; 20(2):89-90, 95-8. PMID:11998129.
11. Frank I, **Elliott DS**, Barrett DM. Success of de novo reimplantation of the artificial genitourinary sphincter. *J Urol*. 2000 Jun; 163(6):1702-3. PMID:10799164.
12. Petrou SP, **Elliott DS**, Barrett DM. Artificial urethral sphincter for incontinence. *Urology*. 2000 Sep 1; 56(3):353-9. PMID:10962293.
13. **Elliott DS**, Boone TB. Is fascia lata allograft material trustworthy for pubovaginal sling repair? *Urology*. 2000 Nov 1; 56(5):772-6. PMID:11068297.
14. **Elliott DS**, Boone TB. Recent advances in the management of the neurogenic bladder. *Urology*. 2000 Dec 4; 56(6 Suppl 1):76-81. PMID:11114567.
15. **Elliott DS**, Boone TB. Combined stent and artificial urinary sphincter for management of severe recurrent bladder neck contracture and stress incontinence after prostatectomy: a long-term evaluation. *J Urol*. 2001 Feb; 165(2):413-5. PMID:11176385. DOI:10.1097/00005392-200102000-00014.
16. **Elliott DS**, Mutchnik S, Boone TB. The "bends" and neurogenic bladder dysfunction. *Urology*. 2001 Feb; 57(2):365. PMID:11182361.

17. Kim IY, **Elliott DS**, Husmann DA, Boone TB. An unusual presenting symptom of sarcoidosis: neurogenic bladder dysfunction. *J Urol*. 2001 Mar; 165(3):903-4. PMID:11176503.
18. Petrou SP, **Elliott DS**. Artificial urethral sphincter for incontinence in adults. *Drugs Today (Barc)* 2001 Apr; 37(4):237-244. PMID:12768224.
19. **Elliott DS**, Barrett DM, Gohma M, Boone TB. Does nocturnal deactivation of the artificial urinary sphincter lessen the risk of urethral atrophy? *Urology*. 2001 Jun; 57(6):1051-4. PMID:11377302.
20. **Elliott DS**, Segura JW, Lightner D, Patterson DE, Blute ML. Is nephroureterectomy necessary in all cases of upper tract transitional cell carcinoma? Long-term results of conservative endourologic management of upper tract transitional cell carcinoma in individuals with a normal contralateral kidney. *Urology*. 2001 Aug; 58(2):174-8. PMID:11489692.
21. Lightner DJ, **Elliott D**, Gillett M. Surgeon's corner. Transvaginal culdoplasty for posthysterectomy vaginal vault prolapse. *Contemp Urol*. 2003 Sep; 15(9):15-22.
22. DiMarco DS, **Elliott DS**. Tandem cuff artificial urinary sphincter as a salvage procedure following failed primary sphincter placement for the treatment of post-prostatectomy incontinence. *J Urol*. 2003 Oct; 170(4 Part 1):1252-4. PMID:14501735.
23. **Elliott DS**, Barrett DM. Current indications for the use of the artificial genitourinary sphincter and management of its complications. *The Scientific World Journal*. 2004; 4(S1):114-27.
24. Di Marco DS, Chow GK, Gettman MT, **Elliott DS**. Robotic-assisted laparoscopic sacrocolpopexy for treatment of vaginal vault prolapse. *Urology*. 2004 Feb; 63(2):373-6. PMID:14972496. DOI:10.1016/j.urology.2003.09.033.
25. Dora CD, Dimarco DS, Zobitz ME, **Elliott DS**. Time dependent variations in biomechanical properties of cadaveric fascia, porcine dermis, porcine small intestine submucosa, polypropylene mesh and autologous fascia in the rabbit model: implications for sling surgery. *J Urol*. 2004 May; 171(5):1970-3. PMID:15076323. DOI:10.1097/01.ju.0000121377.61788.ad.
26. **Elliott DS**, Frank I, DiMarco DS, Chow GK. Gynecologic use of robotically assisted laparoscopy: sacrocolpopexy for the treatment of high-grade vaginal vault prolapse. *Am J Surg*. 2004 Oct; 188(4A Suppl S):52S-56S. PMID:15476652.
27. Krambeck AE, Dora CD, Sebo TJ, Rohlinger AL, DiMarco DS, **Elliott DS**. Time-dependent variations in inflammation and scar formation of six different pubovaginal sling materials in the rabbit model. *Urology*. 2006 May; 67(5):1105-10. PMID:16698388. DOI:10.1016/j.urology.2005.11.036.
28. **Elliott DS**, Chow GK, Gettman M. Current status of robotics in female urology and gynecology. *World J Urol*. 2006 Jun; 24(2):188-92. Epub 2006 Mar 24. PMID:16557388. DOI:10.1007/s00345-006-0071-5.
29. Petrou SP, Thiel DD, **Elliott DS**, Broderick GA, Wehle MJ, Young PR. Does indigo carmine prevent early artificial urinary sphincter cuff erosion? *Can J Urol*. 2006 Aug; 13(4):3195-8. PMID:16952328.
30. **Elliott DS**, Krambeck AE, Chow GK. Long-term results of robotic assisted laparoscopic sacrocolpopexy for the treatment of high grade vaginal vault prolapse. *J Urol*. 2006 Aug; 176(2):655-9.
31. Routh JC, Crimmins CR, Leibovich BC, **Elliott DS**. Impact of Parkinson's disease on continence after radical prostatectomy. *Urology*. 2006 Sep; 68(3):575-7. Epub 2006 Sep 18. PMID:16979722. DOI:10.1016/j.urology.2006.03.025.

32. **Elliott DS** , Chow GK. [Management of vaginal vault prolapse repair with robotically-assisted laparoscopic sacrocolpopexy]. *Ann Urol (Paris)* 2007 Feb; 41(1):31-6. PMID:17338498.
33. Magera JS Jr, **Elliott DS** . Tandem transcorporal artificial urinary sphincter cuff salvage technique: surgical description and results. *J Urol.* 2007 Mar; 177(3):1015-9; discussion 1019-20. PMID:17296400. DOI:10.1016/j.juro.2006.10.052.
34. Krambeck AE, Thompson RH, Lohse CM, Patterson DE, Segura JW, Zincke H, **Elliott DS** , Blute ML. Endoscopic management of upper tract urothelial carcinoma in patients with a history of bladder urothelial carcinoma. *J Urol.* 2007 May; 177(5):1721-6. PMID:17437796.
35. Krambeck AE, Thompson RH, Lohse CM, Patterson DE, **Elliott DS** , Blute ML. Imperative indications for conservative management of upper tract transitional cell carcinoma. *J Urol.* 2007 Sep; 178(3 Pt 1):792-6; discussion 796-7 Epub 2007 Jul 16. PMID:17632132. DOI:10.1016/j.juro.2007.05.056.
36. Magera JS Jr, Inman BA, **Elliott DS** . Does preoperative topical antimicrobial scrub reduce positive surgical site culture rates in men undergoing artificial urinary sphincter placement? *J Urol.* 2007 Oct; 178(4 Pt 1):1328-32; discussion 1332. Epub 2007 Aug 14. PMID:17698144. DOI:10.1016/j.juro.2007.05.146.
37. **Elliott DS** , Frank I, Chow GK. Robotics and laparoscopy for vaginal prolapse and incontinence. *Current Bladder Dysfunction Reports.* 2007 Dec; 2(4):214-8.
38. Thompson RH, Krambeck AE, Lohse CM, **Elliott DS** , Patterson DE, Blute ML. Endoscopic management of upper tract transitional cell carcinoma in patients with normal contralateral kidneys. *Urology.* 2008 Apr; 71(4):713-7. Epub 2008 Feb 11. PMID:18267338. DOI:10.1016/j.urology.2007.11.018.
39. Thompson RH, Krambeck AE, Lohse CM, **Elliott DS** , Patterson DE, Blute ML. Elective endoscopic management of transitional cell carcinoma first diagnosed in the upper urinary tract. *BJU Int.* 2008 Nov; 102(9):1107-10. Epub 2008 Jun 03. PMID:18522631. DOI:10.1111/j.1464-410X.2008.07766.x.
40. Magera JS Jr, **Elliott DS** . Artificial urinary sphincter infection: causative organisms in a contemporary series. *J Urol.* 2008 Dec; 180(6):2475-8. Epub 2008 Oct 19. PMID:18930496. DOI:10.1016/j.juro.2008.08.021.
41. Magera JS Jr, Inman BA, **Elliott DS** . Outcome analysis of urethral wall stent insertion with artificial urinary sphincter placement for severe recurrent bladder neck contracture following radical prostatectomy. *J Urol.* 2009 Mar; 181(3):1236-41. Epub 2009 Jan 18. PMID:19152938. DOI:10.1016/j.juro.2008.11.011.
42. Tollefson MK, **Elliott DS** , Zincke H, Frank I. Long-term outcome of ureterosigmoidostomy: an analysis of patients with >10 years of follow-up. *BJU Int.* 2010 Mar; 105(6):860-3. Epub 2009 Aug 13. PMID:19681892. DOI:10.1111/j.1464-410X.2009.08811.x.
43. Shimko MS, Umbreit EC, Chow GK, **Elliott DS** . Long-term outcomes of robotic-assisted laparoscopic sacrocolpopexy with a minimum of three years follow-up. *Journal of Robotic Surgery.* 2011; 5(3):175-80.
44. Trost L, **Elliott DS** . Male stress urinary incontinence: a review of surgical treatment options and outcomes. *Adv Urol.* 2012; 2012:287489. Epub 2012 May 8. PMID:22649446. PMCID:3356867. DOI:10.1155/2012/287489.
45. Trost L, **Elliott D** . Small intestinal submucosa urethral wrap at the time of artificial urinary sphincter placement as a salvage treatment option for patients with persistent/recurrent

- incontinence following multiple prior sphincter failures and erosions. *Urology*. 2012 Apr; 79(4):933-8. Epub 2011 Nov 25. PMID:22119252. DOI:10.1016/j.urology.2011.09.003.
46. **Elliott DS** . Con: mesh in vaginal surgery: do the risks outweigh the benefits? *Curr Opin Urol*. 2012 Jul; 22(4):276-81. PMID:22617054. DOI:10.1097/MOU.0b013e3283545991.
 47. Burgess KL, **Elliott DS** . Robotic/Laparoscopic prolapse repair and the role of hysteropexy: a urology perspective. *Urol Clin North Am*. 2012 Aug; 39(3):349-60. PMID:22877718. DOI:10.1016/j.ucl.2012.05.006.
 48. Mitchell CR, Gettman M, Chow GK, **Elliott D** . Robot-assisted sacrocolpopexy: description and video. *J Endourol*. 2012 Dec; 26(12):1596-9. Epub 2012 Oct 09. PMID:23046290. DOI:10.1089/end.2012.0388.
 49. Chau VR, Maxson PM, Joswiak ME, **Elliott DS** . Male sling procedures for stress urinary incontinence. *Urol Nurs*. 2013 Jan-Feb; 33(1):9-14, 37; quiz 14. PMID:23556373.
 50. Linder BJ, **Elliott DS** . Robotic sacrocolpopexy: how does it compare with other prolapse repair techniques? *Curr Urol Rep*. 2013 Jun; 14(3):235-9. PMID:23296693. DOI:10.1007/s11934-012-0299-0.
 51. de Cogain MR, **Elliott DS** . The impact of an antibiotic coating on the artificial urinary sphincter infection rate. *J Urol*. 2013 Jul; 190(1):113-7. Epub 2013 Jan 09. PMID:23313209. DOI:10.1016/j.juro.2013.01.015.
 52. Linder BJ, Umbreit EC, Larson D, Dozois EJ, Thapa P, **Elliott DS** . Effect of prior radiotherapy and ablative therapy on surgical outcomes for the treatment of rectourethral fistulas. *J Urol*. 2013 Oct; 190(4):1287-91. Epub 2013 Mar 26. PMID:23538238. DOI:10.1016/j.juro.2013.03.077.
 53. Beddy D, Poskus T, Umbreit E, Larson DW, **Elliott DS** , Dozois EJ. Impact of radiotherapy on surgical repair and outcome in patients with rectourethral fistula. *Colorectal Dis*. 2013 Dec; 15(12):1515-20. PMID:23841640. DOI:10.1111/codi.12350.
 54. Clifton MM, Linder BJ, Lightner DJ, **Elliott DS** . Risk of repeat anti-incontinence surgery following sling release: a review of 93 cases. *J Urol*. 2014 Mar; 191(3):710-4. Epub 2013 Sep 20. PMID:24060639. DOI:10.1016/j.juro.2013.09.030.
 55. Linder BJ, de Cogain M, **Elliott DS** . Long-term device outcomes of artificial urinary sphincter reimplantation following prior explantation for erosion or infection. *J Urol*. 2014 Mar; 191(3):734-8. Epub 2013 Sep 7. PMID:24018241. DOI:10.1016/j.juro.2013.08.089.
 56. Viers BR, **Elliott DS** , Kramer SA. Simultaneous augmentation cystoplasty and cuff only artificial urinary sphincter in children and young adults with neurogenic urinary incontinence. *J Urol*. 2014 Apr; 191(4):1104-8. Epub 2013 Sep 20. PMID:24060640. DOI:10.1016/j.juro.2013.09.032.
 57. Linder BJ, **Elliott DS** . Autologous transobturator midurethral sling placement: a novel outpatient procedure for female stress urinary incontinence. *Int Urogynecol J*. 2014 Sep; 25(9):1277-8. Epub 2014 Mar 14. PMID:24627107. DOI:10.1007/s00192-014-2365-2.

Non-peer-reviewed Articles

1. **Elliott DS** , Cone M, Boone TB. Transabdominal sacrocolpopexy for severe vaginal vault prolapse; Indications and results. *Issues in Incontinence*. 2000 Apr.
2. **Elliott DS** , Barrett DM. Surgical management of the neurogenic bladder. *American Urological Association Update Series*. 2001 Feb.

3. Krambeck AE, **Elliott DS** . Primary realignment of the traumatic urethral distraction. American Urological Association Update Series. 2005 Oct.
4. Burgess KL, **Elliott DS** . Techniques of Abdominal Sacrocolpopexy for the Management of Apical Prolapse. American Urological Association Update Series. 2012; Lesson 11, Volume 31:109-116.
5. **Elliott DS** . Botox for overactive bladder. Mayo Clinic Health Letter. 2013 July:4.

Book Chapters

1. Barrett DM, Abol-Enein H, Castro D, Hohenfellner M, Stohrer MW, Tanagho EA, **Elliott DS** , Chancellor MB, Madersbacher H, Stein R. Surgery for neuropathic bladder. in: World Health Organization: International Consultation on Incontinence, June 1998. (Book chapter)
2. **Elliott DS** , Barrett DM. The artificial genitourinary sphincter. In: Resnick MI, Thompson IM, editors. Advanced Therapy of Prostate Disease. Hamilton: B. C. Decker Inc.; 2000. p. 405-9. (Book chapter)
3. **Elliott DS** , Barrett DM. Management of complications of therapy: artificial urinary sphincter. In: Resnick MI, Thompson IM. Advanced therapy of prostatic disease. London: B.C. Decker Incorp; 2000 May. (Book chapter)
4. **Elliott DS** , Boone TB. Neuromodulation for female idiopathic detrusor instability and urge incontinence. in: Female Pelvic Reconstructive Surgery. Stanton S, Zimmern P, editors. London: Springer-Verlag Publishers, 2001. (Book chapter)
5. **Elliott DS** , DiMarco DS, Chow GK. Female urologic robotic surgery: gynecologic indication for robotic-assisted laparoscopy-sacrocolpopexy for the treatment of high grade vaginal vault prolapse. In: Faust RA, editor. Robotics in surgery: history, current and future applications. New York: Nova Science Publishers; 2007. p. 137-46. (Book chapter)
6. **Elliott DS** , Krambeck A, Chow GK. Robotic urogynecologic surgery. In: In: Patel VR, editor. Robotic urologic surgery. London: Springer; 2007. p. 194-8. (Book chapter)
7. **Elliott DS** . Diagnosis and management of apical prolapse. In: Goldman HB, Vasavada SP, editors. Female urology: a practical clinical guide. Totowa: Humana Press; 2007. (Current clinical urology.). p. 297-306. (Book chapter)
8. **Elliott DS** , Chow GK. Robotic sacral colpopexy. In: Gharagozloo F, Najam F, editors. Robotic surgery. New York: McGraw-Hill Medical; 2009. p. 347-51. (Book chapter)
9. McGee SM, Chow GK, **Elliott DS** . Robotic sacrocolpopexy: suspension of the bladder and vagina. In: Staskin DR editor. Atlas of bladder disease. Philadelphia: Springer; 2010. p. 251-8. (Book chapter)
10. McGee SM, Shimko MS, **Elliott DS** , Chow GK. Robot-Assisted Laparoscopic Sacrocolpopexy. In: Atlas of Robotic Urologic Surgery, Current Clinical Urology Vol. 2. 2011. p. 107-18. (Book chapter)
11. Shimko MS, **Elliott DS** . Robotic Surgery in Urogynecology. In: Robotics in Genitourinary Surgery. Vol. 7. 2011. p. 605-10. (Book chapter)
12. **Elliott DS** , Trost LW. Esfínter Urinario Artificial. Fellow en disfunciones miccionales y urodinamia. In: Biomaterials and Prostheses Implant in Urology. 2012. (Book chapter)

13. Linder BJ, **Elliott DS** . Robotic Sacrocolpopexy: How Does It Compare with Other Prolapse Repair Techniques? In: Current Urology Report. New York: Springer; 2012. (Book chapter)
14. Trost L, **Elliott DS** . Artificial Urinary Sphincter: Reoperative Techniques and Management of Complications. In: Brandes SB, Morey AF editors. Advanced Male Urethral and Genital Reconstructive Surgery. 2nd ed. New York: Springer; 2014. p. 697-709. (Book chapter)

Editorials

1. Richelson E, **Elliott DS** . Advances in medical management of overactive bladder. Mayo Clin Proc. 2003 Jun; 78(6):681-3. PMID:12934775.
2. **Elliott DS** . Is an artificial urinary sphincter more effective than a urethral bulking agent for postprostatectomy incontinence? Nature Clinical Practice Urol. 2005 May; 2(5):220-1.
3. Chow GK, **Elliott DS** . Endoscopic cystocele surgery: lateral repair with combined suture/mesh technique. J Endourol. 2010 Oct; 24(10):1569.

Commentaries

1. **Elliott DS** , Lightner DJ, Blute ML. Medical management of overactive bladder. PMID:11322348. DOI:10.4065/76.4.353.
2. **Elliott DS** , Krambeck AE, Chow GK, Lee DI. Robotics: Long-term results of robotic assisted laparoscopic sacrocolpopexy for the treatment of high grade vaginal vault prolapse - Commentary. J Endourol. 2007; 21(2):135.
3. **Elliott DS** . Can we better predict and treat urinary incontinence after prostatectomy? J Urol. 2012 Mar; 187(3):789-90. Epub 2012 Jan 15. PMID:22248524. DOI:10.1016/j.juro.2011.12.027.
4. **Elliott DS** . Editorial comment. J Urol. 2013 Apr; 189(4):1442; discussion 1442-3. Epub 2013 Jan 08. PMID:23313625. DOI:10.1016/j.juro.2012.10.135.

Audio/Video/CD-ROM/etc.

1. Childs MA, McGee S, Routh J, Chow G, **Elliott DS** . Robot-Assisted Laparoscopic Sacrocolpopexy: A Review of the Learning Curve in Fifty Cases. Mayo Clinic Physician Update, News for Medical Professionals from Mayo Clinic Rochester (2009 Nov 11; Video Presentation) Epub 2009 Nov 11.
2. Trost L, **Elliott D** . SIS urethral wrap at the time of repeat AUS placement following multiple prior failed AUS and erosions. AUA. 2011 May.
3. Linder BJ, Frank I, Dozois EJ, **Elliott DS** . Robotic transvesical retrourethral fistula repair after a robotic radical prostatectomy. J Endourol, Part B, Videourology. 2013 Jan; 27. DOI:1089/vld20120043.
4. Trost L, **Elliott D** . Modifications to the Virtue male sling procedure: 5-points of fixation, 1-point of plication. Received first honorable mention awards. AUA in San Diego, CA. 2013 May.

Abstracts

1. **Elliott DS** , Barrett DM. Long term followup and evaluation of primary realignment of posterior urethral disruption. (Abstract 855). J Urol. 1997 Apr; 157(4 Suppl):219.

2. **Elliott DS**, Brown JA, Barrett DM. Long term analysis of the functional durability of the AMS 800 artificial urinary sphincter: a review of 323 cases placed at the Mayo Clinic. (Abstract 1028). J Urol. 1997 Apr; 157(4 Suppl):265.
3. Slezak J, Amling CL, **Elliott DS**, Blute ML, Zincke H. Should patients with very high serum PSA levels (greater-than-or-equal-to 50 ng/ml) undergo radical prostatectomy? (Abstract 1247). J Urol. 1997 Apr; 157(4 Suppl):320.
4. Blute ML, **Elliott DS**, Patterson DE, Bergstralh EJ, Segura JW. Endoscopic renal preserving surgery for management of upper urinary tract transitional cell carcinoma. (Abstract 182). Br J Urol. 1997 Sep; 80(Suppl 2):47.
5. **Elliott DS**, Barrett DM. Does the need for reoperation on an artificial genitourinary sphincter (AMS 800) place the patient at an increased risk for further reoperation due to mechanical or non-mechanical reasons. (Abstract 163). J Urol. 1998 May; 159(5 Suppl):45.
6. Frank I, **Elliott DS**, Zincke H, Blute ML. Ureterosigmoidostomy. American Urological Association Annual Meeting, Anaheim, California. 2001 Jun.
7. **Elliott DS**, Husmann DA. Recurrent urinary tract infections in patients with a hypocontractile bladder secondary to diabetes mellitus: does the addition of prophylactic antibiotics to cic alter the incidence of bacteriuria and symptomatic uti's? J Urol. 2002 Apr; 167(4):8.
8. Kausik S, **Elliott DS**. External beam radiation and its effect on artificial urinary sphincter long-term function. American Urological Association Annual Meeting, Orlando, Florida. 2002 Jun.
9. DiMarco D, **Elliott DS**. Long term results of tandem urethral cuff for the treatment of male incontinence following RRP. North Central Section, American Urological Association, Chicago, Illinois. 2002 Oct.
10. Dora C, **Elliott DS**. Preliminary results of SPARC suburethral sling. North Central Section, American Urological Association, Chicago, Illinois. 2002 Oct.
11. Dimarco DS, Chow GK, Gettman MT, **Elliott DS**. Robotic-assisted laparoscopic sarcocolpopexy (Abstract MP 18/17). J Endourol. 2004 Nov; 18(Suppl 1):A109.
12. Hawatmeh SI, **Elliott DS**. OB tape suburethral sling for stress urinary incontinence (Abstract V496). J Urol. 2005 Apr; 173(4):135.
13. Krambeck AE, Dora CD, DiMarco DS, Sebo TJ, Zobitz ME, **Elliott DS**. Time dependent variations in inflammatory reaction and scar formation of cadaveric fascia, porcine dermis, porcine small intestine submucosa, polypropylene mesh and utologous fascia in the rabbit model: implications for pubovaginal sling surgery (Abstract 931). J Urol. 2005 Apr; 173(4):252.
14. Webster W, **Elliott D**. Age and obesity predict early failure of synthetic suburethral slings for stress urinary incontinence. International Continence Society Meeting, Montreal, Canada. 2005 Aug.
15. Thompson RH, Krambeck AE, Patterson DE, Segura JW, Blute ML, **Elliott DS**. Endoscopic treatment of upper tract urothelial carcinoma in patients with solitary kidneys (Abstract 47). J Urol. 2006 Apr; 175(4 Suppl):16-7.
16. Krambeck AE, Thompson RH, Segura JW, Patterson DE, Zincke H, Blute ML, **Elliott DS**. Endoscopic management of upper tract urothelial carcinoma in patient with a history of primary bladder urothelial carcinoma (Abstract 1100). J Urol. 2006 Apr; 175(4 Suppl):354.

17. Routh JC, Leibovich BC, Crimmins CR, **Elliott DS** . Parkinson's disease impact on voiding function after radical prostatectomy (Abstract 1603). J Urol. 2006 Apr; 175(4 Suppl):516-7.
18. Magera JS Jr, **Elliott DS** . Advancement in salvage procedure following failed artificial urinary sphincter: tandem transcorporal artificial urinary sphincter cuff technique (Abstract V1675). J Urol. 2006 Apr; 175(4 Suppl):540.
19. Thompson RH, Krambeck AE, Patterson DE, Blute ML, Segura JW, **Elliott DS** . Endoscopic treatment of upper tract urothelial carcinoma in patients with normal contraateral kidneys (Abstract VP4-02). J Endourol. 2006 Aug; 20(Suppl 1):A20.
20. Krambeck AE, Thompson RH, Patterson DE, Segura JW, Blute ML, **Elliott DS** . Endoscopic management of upper tract urothelial carcinoma in patients with a history of primary bladder urothelial carcinoma (Abstract VP6-02). J Endourol. 2006 Aug; 20(Suppl 1):A32.
21. Krambeck AE, Thompson RH, Patterson DE, Segura JW, Blute ML, **Elliott DS** . Conservative management of upper tract urothelial carcinoma in patients with imperative indications (Abstract VP6-01). J Endourol. 2006 Aug; 20(Suppl 1):A32.
22. Childs MA, Routh JC, Chow GK, **Elliott DS** . Robotic sacrocolpopexy: the learning curve for a novel surgical technique. J Endourol. 2010 Sep; 24(Suppl 1):A205-6.
23. **Elliott DS** . Impact of Radiotherapy on Surgical Repair and Outcomes in Patients with Rectourethral Fistula. 67th Annual Meeting of the Canadian Urological Association. 2012 June.
24. **Elliott DS** , Chow GC. Comparative surgical complications of the robotic sacrocolpopexy for pelvic organ prolapse vs. traditional transabdominal sacrocolpopexy. BJU Int. 2012 Oct; 110:57-8.
25. Linder B, Umbreit E, Larson D, Dozois E, **Elliott D** . The impact of prior radiotherapy on outcomes following surgical repair of a rectourethral fistula in men with prostate cancer. Neurourol Urodyn. 2013 Feb; 32(2):174.
26. Linder B, **Elliott D** . Long-term outcomes for artificial urinary sphincter reimplantation following prior device explantation for erosion or infection. Neurourol Urodyn. 2014 Feb; 33(2):170.